

Work- at- Home Self-Certification Safety Checklist

The following checklist is designed to assess the overall safety of your home or other non-office environment. Please fill out this form in its entirety. You and your supervisor must sign this form and it becomes a part of your telework application.

EMPLOYEE NAME: _____

ADDRESS: _____

_____ PHONE NUMBER: _____

ORGANIZATION (Program/Division/Branch): _____

WORK PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

WORKPLACE ENVIRONMENT

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? Yes No
2. Are all stairs with 4 or more steps equipped with handrails? Yes No
3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended? Yes No
4. Do circuit breakers clearly indicate if they are in the open or closed position? Yes No
5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, loose wires, flexible wires running through walls, exposed wires to the ceiling)? Yes No
6. Will the building's electrical system permit the grounding of electrical equipment? Yes No
7. Are aisles, doorways, & corners free of obstructions to permit visibility & movement? Yes No
8. Are file cabinets & storage closets arranged so drawers & doors do not open into walkways? Yes No
9. Do chairs have any loose wheels & are the rungs and legs of the chairs sturdy? Yes No
10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes No
11. Is the office space neat, clean, and free of excessive amounts of combustibles? Yes No
12. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes No
13. Are carpets well secured to the floor and free of frayed or worn seams? Yes No
14. Is there enough light for reading? Yes No

COMPUTER WORKSTATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is your chair adjustable? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you know how to adjust your chair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is your back adequately supported by a backrest? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are your feet on the floor or fully supported by a footrest? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you satisfied with the placement of your VDT and keyboard? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is it easy to read the text on your screen? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you need a document holder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you have enough leg room at your desk? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Is the VDT screen free from noticeable glare? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Is the top of the VDT screen eye level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Is there space to rest the arms while not keying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. When keying, are your forearms close to parallel with the floor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Are your wrists fairly straight when keying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

EMPLOYEE CERTIFICATION: I certify all information on this checklist is true and correct.

Employee Signature

Date

Approving Official: The employee has been made aware of the importance of having a safe and comfortable work space. Based on the information provided by the employee this checklist is:

APPROVED

DISAPPROVED

Approving Official Signature

Date

Title: _____

TELEWORK PROGRAM COORDINATOR

I certify I have reviewed this checklist and the information provided is in compliance with the appropriate regulations.

SIGNATURE: _____

DATE: _____

SENSITIVE INFORMATION: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure security and confidentiality. In addition these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.